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County DELAWARE

1A JRD

OFFICE OF LAND QUALITY

HAZARDOUS WASTE HANDLER IDENTIFICATION FORM: ID FORM

Information on file as of: 12/1/2009

Instructions at www.in.gov/idem/5027.htm

RCRA ID

NAME

Changes needed

IND006049456

MID CITY PLATING CO INC

LOCATION ADDRESS

Changes needed

912 E CHARLES ST

If you have moved, you may
not use your old RCRA ID.
You must apply for a new
ID# for the new location

MUNCIE

IN

47305

Land type for
facility location

P

P-private M-municipal C-county
S-state
F-federal D-district I-Indian O-Other

We moved _____ Post Office change _____

HAZARDOUS WASTE GENERATOR ACTIVITY

OLQ records

SQG

Status in 2009

___ LQG ___ SQG ☒ CESQG☒ Did not generate haz waste all year

___ Business closed

Status in 2010

___ LQG ___ SQG ☒ CESQG

___ Will not generate hazardous waste

___ Business will be closed

If you mark non-handler or out of business, the ID# number is no longer valid and you must renotify before using it again:

MAILING ADDRESS

Changes needed

921 E CHARLES ST

PO BOX 6

MUNCIE

IN

47308

CONTACT FOR HAZARDOUS WASTE ACTIVITIES

Changes needed

RODNEY MUZZARELLI

GEN MGR

921 E CHARLES

PO BOX 6

MUNCIE

IN

47308

Phone 765-289-2374 ext:

fax: 765-289-2520

e-mail: ROD@MCPLATING.COM

CONTACT FOR ANNUAL/BIENNIAL REPORT QUESTIONS

Last Name _____ First Name _____ Title _____

E-mail address _____ Phone # _____

CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Last Name MUZZARELLI First name RODNEYTitle PRESIDENTE-mail address Rod@MCPLATING.COMPhone # 765-289-2374Signature [Signature]Date 2.26.2010

Go to page 2 ->

HW FEES CONTACT (for LQGs)	Fee invoices will be sent to this address	Changes needed
ENVIRONMENTAL COORDINATOR		
PO BOX 6		
921 E CHARLES		
MUNCIE IN 47308		
Phone: 765-289-2374 ext:		
fax:		
e-mail:		

OWNER INFORMATION	owner of the business that produces the waste	Changes needed
MID CITY PLATING CO INC	If the business owner and the property owner differ, record both owners in the section to the right.	Business owner
921 E CHARLES ST		
MUNCIE IN 47305		
Phone: 765-289-2374	Owner type: P	
fax:	P-private M-municipal	
e-mail	C-county S-state	Property owner
Effective: 01/01/0002	F-federal D-district	
Expiration:	I-Indian O-other	
Did the owner change? ___yes ___no	Date of change	

NAICS CODES

A code that describes your type of business. Go to www.naics.com to find a list

Current codes 332813

HAZARDOUS WASTE ACTIVITIES

<input type="checkbox"/> BIF: smelting, melting, refining exemption <input type="checkbox"/> BIF: small quantity on site burner exemption	Transporter: ___ we are no longer a transporter TSD Facility:	___ US Importer of Hazardous Waste ___ Mixed Waste Generator (hazardous and radioactive)	Waste codes (list top 4) ___ ___ ___ ___
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USED OIL ACTIVITIES

If you are just a generator of used oil this section does not apply to you.

Processor: ___	Transporter: ___
Rerefiner: ___	Transfer facility: ___
Off-spec used oil burner	
Marketer who directs shipment to off-spec burner	
Marketer who first claims oil meets specs	

UNIVERSAL WASTE ACTIVITY

Large handler: accumulates > or = 11,000 pounds	
Batteries: ___ manage	Thermostats ___ manage
Pesticides: ___ manage	Lamps ___ manage
Other: ___ manage	
Specify other ___	
UW destination facility ___	
UW transporter ___	

TRANSFER FACILITY

Current activities

Changes Needed:

___ Mix	___ Commingle
___ Bulk	___ Repackage
___ Pump	___ Open containers
___ Combine	___ Transfer between vehicles

COMMENTS

Return to:
 Data Services Section
 Office of Land Quality
 Indiana Department of Environmental Management
 100 North Senate Avenue, Room 1101
 Indianapolis, IN 46204-2251

HAZARDOUS WASTE BIENNIAL REPORT

State Form 52388 (9-05)

Indiana Department of Environmental Management

FORM
GM

RCRA ID	I	N	D	0	0	6	0	4	9	4	5	6
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REPORT YEAR 2009

NAME	MID CITY PLATING CO, INC.
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A. Waste Description	RINSEWATERS FROM ELECTROPLATING
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B. Waste Codes	D	0	0	7	D	0	0	2												

C. Quantity Generated

			4	2	0	0	0	0	0	.	0
--	--	--	---	---	---	---	---	---	---	---	---

 x pounds kilograms
 tons metric tons

D. Form Code	W <u>1</u> <u>1</u> <u>0</u>	E. Source Code	G <u>0</u> <u>3</u> (If G25 enter a management code) H <u>0</u> <u>7</u> <u>1</u>
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		F. RCRA ID of Facility Shipped To	G. Quantity Shipped Off-site	H. Management Code
OFF SITE SHIPMENT	Site #1			H
	Site #2			H
	Site #3			H
	Site #4			H

		I. Management Code	J. Quantity Managed On-site
ON SITE MANAGEMENT	System #1	H 0 7 1	4 2 0 0 0 0 0 . 0
	System #2	H	.

COMMENTS: .505,000 GALLONS OF RINSEWATER PROCESSED IN PRETREATMENT PRIOR TO DISCHARGE TO POTW S.G. 1.0 AT 8.35 LB/GAL

**HAZARDOUS WASTE BIENNIAL REPORT**

State Form 52388 (9-05)

Indiana Department of Environmental Management

**FORM
GM**RCRA ID I N D 0 0 6 0 4 9 4 5 6REPORT YEAR 2009NAME MID CITY PLATING CO, INC.**A. Waste Description**WASTEWATER TREATMENT SLUDGES FROM CN-ZN ELECTROPLATING RQ
HAZARDOUS WASTE, N.O.S., CLASS 9 UN 3077 PG III, F006 FILTERCAKE**B. Waste Codes**F 0 0 6 | | | | | | | | | | | | | | | | | | | | | |**C. Quantity Generated**0 | | | | | | | | | | | | | | | | | | | | | | ☒ pounds ☐ kilograms
| | | | | | | | | | | | | | | | | | | | | | tons metric tons**D. Form Code**W 5 0 4**E. Source Code**G 2 3
(If G25 enter a management code) H 0 7 7**F. RCRA ID of Facility Shipped To****G. Quantity Shipped Off-site****H. Management Code**

OFF SITE SHIPMENT	Site #1			H
	Site #2			H
	Site #3			H
	Site #4			H

I. Management Code**J. Quantity Managed On-site**

ON SITE MANAGEMENT	System #1	H	
	System #2	H	

COMMENTS: _____



HAZARDOUS WASTE BIENNIAL REPORT

State Form 52389 (9-05)

Indiana Department of Environmental Management

**FORM
OI**

RCRA ID	I	N	D	0	0	6	0	4	9	4	5	6
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REPORT YEAR 2009

NAME MID CITY PLATING CO., INC.

Off-Site Installation#1	RCRA ID	_____	___ Generator ___ Transporter ___ Treatment, Storage, Disposal
	Name		
	Address	Street City	State ZIP

Off-Site Installation#2	RCRA ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Treatment, Storage, Disposal		
	Name				
	Address	Street <div style="display: flex; justify-content: space-between;"> City State ZIP </div>			

Off-Site Installation#3	RCRA ID	<div style="border-bottom: 1px solid black; height: 1em; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Generator Transporter Treatment, Storage, Disposal </div>
	Name	
	Address	Street _____ City _____ State _____ ZIP _____

Off-Site Installation#4	RCRA ID	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Treatment, Storage, Disposal
	Name	
	Address	Street City State ZIP

COMMENTS: